



Do Not Write or Staple In This
Space.
Reserved For Fiscal.

Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01038611

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250

WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description				AMOUNT
1		0		TPCN-12.1	TPCN-12.1 (529-10-0013-00001E)				\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID								
E893	529-10-0013-00001								
Contract #		Wkfc	Org PmtDt	IC	RC	Invoice DT:	08/28/15	Req'd Pay DT:	10/01/15
		N				Inv Rec'd DT:	08/28/15	Pay Due DT:	10/01/15
						Service DT:	09/01/15	P O DT:	
1.1	725300	0001	716	5016	03138	2016	TANF100F	\$762,500.00	
						Conf:N		Certified Amt:	0.00

Descriptive Legal Text (DLT Comments):

DOS: SEP 2015

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 24 2015

09/23/2015

Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS
			Wagner,Cathy J (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

RECEIVED

Health & Human Services
Commission

STATE OF TEXAS

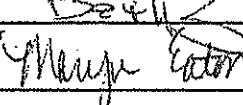
SEP 22 2015

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

HHSC ACCOUNTING

Page 1 of 1

1. Agency number 529	2. Agency number 529	3. Agency name Health & Human Services Commission	4. Current document number 103 8611				
9. Texas identification number 1760802397 8-000			10. PDT 11. COB 12. Purchase Order number 13. Document amount \$762,500.00				
14. Payee name / address Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746			17. AGENCY USE				
18 SFX 001	19. Dept ID 001	20. Fund 001	21. COA 2016	22. FY 2016	23. COBJ 7253	24. ACOB	25. Amount \$ 762,500.00
26. APPN DeptID/Speedchart			27. Invoice date 8/28/2015	28. Invoice number / Account Number TPCN-12.1	29. Invoice Received Date 8/28/2015		
30. DeptID/Speedchart			31. Requested Payment Date 5 DAY PAY				
32. Capital	33. City	34. County	35. State	36. Zip	37. Interest Control	38. Reason Code	39. Remarks
18 SFX 001	40. Dept ID 001	41. Fund 001	42. COA 2016	43. FY 2016	44. COBJ	45. ACOB	46. Amount
47. APPN DeptID/Speedchart			48. Invoice date Requested Payment Date				
49. Capital	50. City	51. County	52. State	53. Zip	54. Interest Control	55. Reason Code	56. Remarks
19. SERVICE / DEL DATE September 2015	20. DESCRIPTION OF GOODS OR SERVICES Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E. Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016.				21. QUANTITY 1	22. UNIT PRICE \$ 762,500.00	23. AMOUNT \$ 762,500.00
24. VENDOR CERTIFICATION Vendor Contact Name			Phone (Area code and number)			25. Entered by	
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.							
Agency contact/preparer SIGN HERE 			Printed Name Beth Zahn		Phone (Area code and number) 512-206-5111		Date 21-Sep-15
Agency Approver SIGN HERE 			Printed Name Marilyn Eaton		Phone (Area code and number) 512-206-5187		Date 9/21/2015

8/ 9/23/15



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397Amounts due may be remitted
by Electronic Funds**To:** Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615**Account:**

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.1**Invoice Date:** August 28, 2015**Due Date:** September 30, 2015**For Professional Services Rendered:****RE:****Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.1: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: September 30, 2015**\$762,500.00****Amount Due** **\$762,500.00**